



saving the lives  
of people with  
blood cancer

## CLAIM FOR REIMBURSEMENT OF DONOR EXPENSES FORM

(Please complete in conjunction with 'reimbursement Policy: Donor Expenses Guidelines')

### To be complete by donor

Name \_\_\_\_\_

Address \_\_\_\_\_

### To be complete by AN:

Donor ID \_\_\_\_\_ Patient ID \_\_\_\_\_ Project Code \_\_\_\_\_

Nominal Code 22620 - 180

TRAVEL EXPENSES		
Date	Description	Amount £
Total Owed £		

**\*\*PLEASE PROVIDED ITEMISED RECEIPTS, BANK STATEMENTS, TRAVEL CARDS, TICKETS ETC\*\***

Nominal Code 22640 - 180

FOOD & DRINK		
Date	Description	Amount £
Total Owed £		

**\*\*CAN BE CLAIMED UP TO £35 PER PERSON, PER DAY, PLEASE PROVIDE ITEMISED RECEIPTS – ALCOHOLIC BEVERAGES WILL NOT BE REIMBURSED\*\***

OTHER		
Date	Description	Amount £
Total Owed £		

**\*\*PLEASE PROVIDED ITEMISED RECEIPTS\*\***

Total amount owed £  

Payment will be by bank transfer, please provide your account details below:

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_ Name \_\_\_\_\_

I enclose valid receipts for ALL items claimed and full explanations. The above expenses have been incurred exclusively and been necessary in the performance of my duties for and on behalf of Anthony Nolan.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_